Re: Case No.: 03-51239

JON K. DENNEY and SUSAN R. DENNEY,

Debtors.

NOTICE OF HEARING ON OBJECTION TO CLAIM

NOTICE IS HEREBY GIVEN THAT:

- 1. A hearing on Trustee's Objection to Claim, attached hereto, will be held on December 8, 2004, at 2:00 p.m., in Courtroom No. 2, U.S. Courthouse, 515 West First Street, Duluth, Minnesota.
- 2. Any objection must be filed and delivered not later than 2:00 p.m., on December 1, 2004, which is seven (7) days before the time set for the hearing, or filed and served by mail no later than November 28, 2004, which is ten (10) days before the time set for the hearing. IF NO RESPONSE IS TIMELY FILED, THE COURT MAY IN ITS DISCRETION ENTER AN ORDER GRANTING THE RELIEF REQUESTED WITHOUT A HEARING.

Dated this 22nd day of October, 2004.

/e/ Robert R. Kanuit

Robert R. Kanuit, #252530 Trustee in Bankruptcy 4815 West Arrowhead Road #230 Hermantown, MN 55811 (218) 722-7722

Chapter 7

Re: Case No.: 03-51239 GFK

JON K. DENNEY and SUSAN R. DENNEY,

Chapter 7

Debtors.

OBJECTION TO CLAIM

To the Honorable Gregory F. Kishel, United States Bankruptcy Judge:

Robert R. Kanuit, Trustee, hereby files an objection to allowance of claim, and says:

- 1. On September 26, 2003, a petition was filed herein by the above Debtors.
- 2. Your objector was appointed standing Trustee of the estate of said Debtors.
- 3. That on various dates, the following persons and entities filed unsecured claims against debtors in the following amounts:

Person/Entity	<u>Amount</u>	<u>Claim No.</u>
Ikon Office Solutions	\$ 890.15	2
IOS Capital	\$3,101.75	12

4. That said claims should not be allowed because they are debts of Mountain Lake Furniture, Inc., Timberline of Grand Rapids, Inc., or Conestoga Furniture, Inc/Conestoga Wood, and are not claims for which debtors are personally liable.

Dated this 22nd day of October, 2004.

/e/ Robert R. Kanuit
Robert R. Kanuit, #252530
Trustee in Bankruptcy
4815 West Arrowhead Road #230
Hermantown, MN 55811
(218) 722-7722

VERIFICATION

I, Robert R. Kanuit, movant, declare under penalty of perjury that the foregoing is true and correct according to the best of my knowledge, information and belief.

Dated this 22nd day of October, 2004.

/e/ Robert R. Kanuit
Robert R. Kanuit

Re: Case No.: 03-51239 GFK

JON K. DENNEY and SUSAN R. DENNEY,

Chapter 7

Debtors.

UNSWORN DECLARATION FOR PROOF OF SERVICE

The undersigned, being an employee of Kanuit & Bray, Ltd., attorneys licensed to practice law in this Court, with office address of 4815 W. Arrowhead Road, Hermantown, MN 55811, declares under penalty of perjury that on the date stated below, she served the annexed **Motion Objecting to Property Claimed as Exempt and (proposed) Order** upon the persons/entities named below by mailing to them a copy thereof by enclosing same in an envelope with first class mail postage prepaid and depositing same in the post office at Hermantown, Minnesota, addressed as follows:

Jon K. Denney and Susan R. Denney 2220 S.W. 3rd Avenue Grand Rapids, MN 55744

Ikon Office Solutions, Inc. c/o IOS Capital Bankruptcy Administration PO Box 13708 Macon, GA 31208-3708

U.S. Department of Justice Office of the United States Trustee U.S. Courthouse, Suite 1015 300 South Fourth Street Minneapolis, MN 55415

Dated this 22nd day of October, 2004.

Frederick A. Dudderar, Jr. Hanft, Fride 1000 1st Bank Place Duluth, MN 55802

Bankruptcy Administration IOS Capital, LLC 1738 Bass Road PO Box 13708 Macon, GA 31208-3708

/e/ Bonnie K. Vanderpool
Bonnie K. Vanderpool

Re:	Case No.: 03-51239 GFK
JON K. DENNEY and SUSAN R. DENNEY,	Chapter 7
Debtors.	
ORDER DISALLOWI	NG CLAIM
At Duluth, Minnesota, on November 3, 2004.	
Upon the Objection to Claim filed by the Trust	tee and upon all the files and records of the
proceedings herein,	
IT IS ORDERED:	
1. That, Claim Nos. 2 and 12 are disallo	owed because said claims are not personal
liabilities of the debtors.	
=	
	he Honorable Gregory F. Kishel NITED STATES BANKRUPTCY JUDGE

BOTH Form B10 (Official Form 10)(4/96)	NOTE IN CHAPTER 13 CASES FILE THE ORIGINAL AND ONE COPY (CLAIM AND ANY ATTACHMENT			
United States Bankruptcy Court Distr	ICT OF MINNESOTA PROOF OF CLAIM			
Name of Debtor MOUNTAIN LAKE FURNITURE INC	Case Number 03-51239			
NOTE: this form should not be used to make a claim for an administrative ex of the case. A "request" of payment of an administrative expense may be filed				
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.			
IKON Office Solutions Name and addresses where notices should be sent:	Attach copy of statement giving particulars. Check box if you have never			
IKON Office Solutions- c/o IOS Capital Bankrutpcy Administration P.O. Box 13708	received any notices from the bankruptcy court in this case. Check box if the address differs			
Macon, GA 31208-3708 Telephone Number: 800-480-6513	from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: 183787	Check here replaces a previously filed claim, dated:			
1. Basis For Claim:	Retiree benefits as defined in 11 U.S.C. § 1114(a)			
☑ Goods sold	☐ Wages, salaries, and compensation (fill out below)			
Services performed	Your SS#:			
Money loaned Personal injury/wrongful death	Unpaid compensation for services performed			
Taxes	From to			
Other	(date) (date)			
2. Date debt was incurred: See attached	3. If court judgment, date obtained:			
 Total Amount of Claim at Time Case Filed: \$890. If all or part of your claim is secured or entitled to priority, also complete 	······································			
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
5. Secured Claim.	6. Unsecured Priority Claim Check this box if you have an unsecured priority claim			
Check this box if your claim is secured by colleteral (including a right of satoff).	Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim:			
Brief Description of Collateral:	☐ Wages, salaries, or commissions (up to \$4,300),* serned within 90			
	days before filing of the bankruptoy patition or consistion of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(3).			
C) Other	Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4). Up to \$1,950" of deposits toward purchase, lease, or rental of property			
Value of Collateral: \$	or services for personal, family, or household use 11 U.S.C. § 507(a)(6).			
	Almohy, maintenance, or support owed to a spouse, former spouse, or ohild — 11 U.S.C. § 507(a)(7).			
Amount of arrearage and other charges at time case filed included in secured claim, Meny:	Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).			
	Other — Specify applicable peragraph of 11 U.S.C. § 507(a)(). "Amounts are aubject to edjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
7. Credits: The amount of all payments on this claim has been credited				
this proof of claim.				
 8. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contracts, co 	ourt judgments, montgages, security			
agreements, and evidence of perfection of lien. DO NOT SEND ORIGIN available, explain. If the documents are voluminous, attach a summary.	VAL DOCUMENTS. If the documents are not			
Date-Stamped Copy: To receive an acknowledgment of the filling addressed envelope and copy of this proof of claim.				
Date Sign and print the name and title, if any, of the				
12/17/03 this claim (attach copy of poyee; of attorney, i	cany):			
Seprina-Renee Thomas, Bankruptoy Special	ist			

UNITED STATES BANKRUPTCY COURT DISTRICT OF MI	NNESOTA	PROOF OF CLAIM	
Name of Debtor Jon Kim Denney dba Mountain Lake Furniture	Case Number 03-51239		
NOTE: this form should not be used to make a claim for an administrati the case. A "request" of payment of an administrative expense may be file	ve expense arising after the commencement of ed pursuant to 11 U.S.C. § 503.	141) SS 201	
Name of Creditor (The person or other entity to whom the debtor owes money or property): IOS Capital	 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. 	RECENTAL BANKSUPE	
Name and addresses where notices should be sent:	Check box if you have never received any notices from the		
IOS Capital Bankrutpcy Administration P.O. Box 13708 Macon, GA 31208-3708 Telephone Number: 800-480-6513	bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Use Only	
Account or other number by which creditor identifies debtor:	Check here replaces	This office is not dealth use only	
1050312-718502DF	if this claim amends	previously filed claim, dated:	
1. Basis For Claim:	Retiree benefits as defined in 1	1 U.S.C. § 1114(a)	
☐ Goods sold	Wages, salaries, and compens	ation (fill out below)	
☐ Services performed ☐ Money loaned	Your SS#:	_	
Personal injury/wrongful death	Unpaid compensation for service	ces performed	
Taxes	From/ to	<u>/ / </u>	
	(date)	(date)	
2. Date debt was incurred: 7/20/99	3. If court judgment, date of	btained:	
4. Total Amount of Claim at Time Case Filed: \$	3,101.7 <u>5</u>		
If all or part of your claim is secured or entitled to priority, also comp			
Check this box if claim includes interest or other charges in accordaditional charges.	ddition to the principal amount of the claim. Attach	n itemized statement of all interest	
5. Secured Claim.	6. Unsecured Priority Clair	n	
Check this box if your claim is secured by collateral (including	a Check this box if you have ar	n unsecured priority claim	
right of setoff).	Amount entitled to priority \$_ Specify the priority of the clai	m [.]	
Brief Description of Collateral:	_ ' ' ' '	sions (up to \$4,300),* earned within 90 days	
Real Estate	before filing of the bankruptcy business, whichever is earlie	y petition or cessation of the debtor's	
Other	☐ Contributions to an employee	e benefit plan 11 U.S.C. § 507(a)(4).	
Value of Collateral: \$	or services for personal, fami	vard purchase, lease, or rental of property ily, or household use 11 U.S.C.	
	§ 507(a)(6). Alimony, maintenance, or sup	pport owed to a spouse, former spouse, or	
Amount of arrearage and other charges at time case filed included in secuclaim, if any:		overnmental units 11 U.S.C. § 507(a)(8). aragraph of 11 U.S.C. § 507(a)().	
	*Amounts are subject to adjustment or respect to cases commenced on or aft	n 4/1/98 and every 3 years thereafter with ter the date of adjustment.	
7. Credits: The amount of all payments on this claim has been cre	dited and deducted for the purpose of making this	THIS SPACE IS FOR COURT USE ONly	
proof of claim.	•		
8. Supporting Documents: Attach copies of supporting docu- orders, invoices, itemized statements of running accounts, contracts			
agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date Sign and print the name and title, if any, this claim (attach copy of power of attorn	of the creditor or other person authorized to file ey, if any):		
3/15/04/ Jenniter Presnall-Harpe, Bankruptcy Spe	rell-Hase		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			